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U.S.P.T.O.

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: 3/10/08

Signature: Joanne Ryan  
(Joanne Ryan)

Docket No.: HSDO-P01-003  
(PATENT)

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:  
Helitzer et al.

Application No.: 10/656,479

Confirmation No.: 8693

Filed: September 4, 2003

Art Unit: 3626

For: SYSTEM FOR REDUCING THE RISK  
ASSOCIATED WITH AN INSURED  
BUILDING STRUCTURE THROUGH THE  
INCORPORATION OF SELECTED  
TECHNOLOGIES

Examiner: N. Pass

### SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT (IDS)

MS Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Pursuant to 37 CFR 1.56, 1.97 and 1.98, the attention of the Patent and Trademark Office is hereby directed to the references listed on the attached PTO/SB/08. It is respectfully requested that the information be expressly considered during the prosecution of this application, and that the references be made of record therein and appear among the "References Cited" on any patent to issue therefrom.

This Supplemental Information Disclosure Statement is filed more than three months after the U.S. filing date, OR more than three months after the date of entry of the national stage of a PCT application, AND after the mailing date of the first Office Action on the merits, whichever occurs first, but before the mailing date of a Final Office Action or Notice of Allowance (37 CFR 1.97(c)).

03/10/2008 RMEBRAHT 00000008 181945 10656479

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Applicants have not submitted copies of U.S. patents and U.S. patent applications.

Applicants submit herewith copies of non-patent literature in accordance with 37 CFR 1.98(a)(2).

In accordance with 37 CFR 1.97(g), the filing of this Supplemental Information Disclosure Statement shall not be construed to mean that a search has been made or that no other material information as defined in 37 CFR 1.56(a) exists. In accordance with 37 CFR 1.97(h), the filing of this Supplemental Information Disclosure Statement shall not be construed to be an admission that any patent, publication or other information referred to therein is "prior art" for this invention unless specifically designated as such.

It is submitted that the Supplemental Information Disclosure Statement is in compliance with 37 CFR 1.98 and the Examiner is respectfully requested to consider the listed references.

Please charge our Deposit Account No. 18-1945 in the amount of \$180.00 covering the fee set forth in 37 CFR 1.17(p). The Director is hereby authorized to charge any deficiency in the fees filed, asserted to be filed or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Deposit Account No. 18-1945, under Order No. HSDO-P01-003. A duplicate copy of this paper is enclosed.

Dated: March 6, 2008

Respectfully submitted,

By

Edward A. Gordon

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Attorneys/Agents For Applicant



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|  |  |                          |                   |
|--|--|--------------------------|-------------------|
| <i>Effective on 12/08/2004.<br/>Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i> |  | <b>Complete if Known</b> |                   |
| <b>FEE TRANSMITTAL<br/>For FY 2008</b>   |  | Application Number       | 10/656,479        |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27                         |  | Filing Date              | September 4, 2003 |
|  |  | First Named Inventor     | Jonathan Helitzer |
|  |  | Examiner Name            | N. Pass           |
|  |  | Art Unit                 | 3626              |
| <b>TOTAL AMOUNT OF PAYMENT</b> (\$ 180.00)   |  | Attorney Docket No.      | HSDO-P01-003      |

**METHOD OF PAYMENT** (check all that apply)

Check     Credit Card     Money Order     None     Other (please identify): \_\_\_\_\_

Deposit Account    Deposit Account Number: 18-1945    Deposit Account Name: Ropes & Gray LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below     Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17     Credit any overpayments

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| <u>Application Type</u> | <u>FILING FEES</u> |                              | <u>SEARCH FEES</u> |                              | <u>EXAMINATION FEES</u> |                              | <u>Fees Paid (\$)</u> |
|-------------------------|--------------------|------------------------------|--------------------|------------------------------|-------------------------|------------------------------|-----------------------|
|                         | <u>Fee (\$)</u>    | <u>Small Entity Fee (\$)</u> | <u>Fee (\$)</u>    | <u>Small Entity Fee (\$)</u> | <u>Fee (\$)</u>         | <u>Small Entity Fee (\$)</u> |                       |
| Utility                 | 310                | 155                          | 510                | 255                          | 210                     | 105                          |                       |
| Design                  | 210                | 105                          | 100                | 50                           | 130                     | 65                           |                       |
| Plant                   | 210                | 105                          | 310                | 155                          | 160                     | 80                           |                       |
| Reissue                 | 310                | 155                          | 510                | 255                          | 620                     | 310                          |                       |
| Provisional             | 210                | 105                          | 0                  | 0                            | 0                       | 0                            |                       |

**2. EXCESS CLAIM FEES**Fee Description

| <u>Total Claims</u>                                | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | <u>Small Entity Fee (\$)</u> | <u>Fee (\$)</u> | <u>Fee (\$)</u> |
|--|---------------------|-----------------|----------------------|------------------------------|-----------------|-----------------|
| _____  | - =                 | _____           | _____                | _____                        | 50              | 25              |
| Each claim over 20 (including Reissues)            |                     |                 |                      |                              |                 |                 |
| Each independent claim over 3 (including Reissues) |                     |                 |                      |                              | 210             | 105             |
| Multiple dependent claims                          |                     |                 |                      |                              | 370             | 185             |

| <u>Total Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | <u>Multiple Dependent Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
|---------------------|---------------------|-----------------|----------------------|----------------------------------|-----------------|----------------------|
| _____               | - =                 | _____           | _____                | _____                            | _____           | _____                |

HP = highest number of total claims paid for, if greater than 20.

| <u>Indep. Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
|----------------------|---------------------|-----------------|----------------------|
| _____                | - =                 | _____           | _____                |

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| <u>Total Sheets</u> | <u>Extra Sheets</u> | <u>Number of each additional 50 or fraction thereof</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
|---------------------|---------------------|---|-----------------|----------------------|
| _____               | - 100 =             | /50 = _____ (round up to a whole number) x _____        | =               | _____                |

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement    180.00

|                                   |                  |
|-----------------------------------|------------------|
| <b>SUBMITTED BY</b>               |                  |
| Signature                         |                  |
| Name (Print/Type)                 | Edward A. Gordon |
| Registration No. (Attorney/Agent) | 54,130           |
| Telephone                         | (617) 951-7066   |
| Date                              | March 6, 2008    |

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: 3/6/08

Signature: